**CLIENT REGISTRATION**

***Please read thoroughly and fill out all shaded areas***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pet Owner Last Name** | | | | **Pet Owner First Name** | | | | | **D/L# and State (for checks)** | | | |
|  | | | |  | | | | |  | | | |
| **Co-Owner Last Name** | | | | **Co-Owner First Name** | | | | | **D/L# and State (for checks)** | | | |
|  | | | |  | | | | |  | | | |
| **Mailing Address & Street** | | | | | | | | | | | **Apt. #** | |
|  | | | | | | | | | | |  | |
| **City** | | | | | | | | **State** | | **ZIP Code** | | |
|  | | | | | | | |  | |  | | |
| **Pet Owner E-Mail** | | | | | **Co-Owner E-Mail** | | | | | | | |
|  | | | | |  | | | | | | | |
| **1st Phone Number** | | | **2nd Phone Number** | | | | **3rd Phone Number** | | | | | |
|  | | |  | | | |  | | | | | |
| **Whose Phone? Cell or Landline?** | | | **Whose Phone? Cell or Landline?** | | | | **Whose Phone? Cell or Landline?** | | | | | |
|  | | |  | | | |  | | | | | |
|  | | | | | | | | | | | | |
| **Please “X”:** |  | **YES, Animal Hospital at Steiner Ranch may display my pet’s photo on its website & social media.** | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **How did you find out about Animal Hospital at Steiner Ranch? Anyone we may thank for referring you to us?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Previous Veterinarian/Clinic** | | | | | | **City** | | | | | | **State** |
|  | | | | | |  | | | | | |  |

***(Please fill out a Records Release Authorization so we can obtain your pet’s medical history)***

**FEES FOR SERVICES AND PRODUCTS ARE TO BE PAID AT THE TIME OF THE VISIT**

* **In admitting any animal(s) for diagnostics, treatment, and/or surgery, I affirm and attest that I am of legal age in Texas, and am the legal owner of such animal(s) or have the express consent of the legal owner for such actions.**
* **I authorize Animal Hospital at Steiner Ranch and its staff to perform such diagnostics and/or administer such treatments and/or procedures as deemed necessary.**
* **It is understood that a good-faith estimate of charges for recommended services and products will be given upon request. As with all medical care, no guarantee or assurance can be made of the results which may be obtained from the receipt of such services or use of such products.**
* **Further, I assume full financial responsibility for all charges incurred for all diagnoses, treatments, procedures, and care performed on my pet(s). I realize that these charges may exceed a given estimate if complications arise or are found.**
* **Submittal of this form constitutes my legal affirmation and acceptance of the foregoing terms, with or without a physical or electronic signature.**

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| --- | --- |
| **Pet Owner Signature**  ***(Type for Electronic; Print Out & Sign for Written)*** | **Co-Owner Signature**  ***(Type for Electronic; Print Out & Sign for Written)*** |
|  |  |